

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION PROCUREMENT SERVICES SECTION

AFFIDAVIT OF COMPLIANCE DISCLOSURE OF PARTICIPATION IN OR PROFITS DERIVED FROM SLAVERY BY CONTRACTORS

COMPANY NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
policies sold by a	ny companies, or profi		tries or their pro	ely discloses any slavery edecessors who are doing nances 310-14.	
Please check one) :				
	This business was not in existence prior to the slavery era (1865).				
	This business <u>was</u> in existence prior to the slavery era (1865). I have searched any and all records for records of investments or profits from slavery, and have found no such records.				
	This business <u>was</u> in existence prior to the slavery era (1865). I have searched any and all records for records of investments or profits from slavery, and am disclosing the following findings (attach additional pages, if necessary):				
I hereby declare the Milwaukee.	hat all statements are	true, accurate and com	plete as of the o	date furnished to the City of	
AUTHORIZED SI	GNATURE:				
PRINTED NAME	:				
DATE:					
Subscribed to be	fore me on this	day of	, 20	, at	
County,		_State.			
NOTARY PUBLIC SIGNATURE: (SEAL)					
PRINT NAME:					
My commission expires:					

PLEASE RETURN THIS FORM TO: 200 E. WELLS STREET, ROOM 601, MILWAUKEE, WI 53202 OR FAX TO 414-286-5976